## 108000008382

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(cosmos <u>z</u> may mano)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300293999193

01/09/17--01015--016 \*\*30.00

FILED

17 JAN -9 PH 1: 22

PHYSICH ST TER THE A

O SIMMONS JAN 10 2017

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: ALL	ABOUT AIR AN	ID HEAT REFRIG	ERATION LLC
	Name of Limi	ted Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
,	•		
	JAMES N	. BRENNAN Name of Person	
		Name of Person	
	ALL ABOUT AIR	C AND HEAT REFELO	GERATION LLC
	7,7,0	Firm/Company	
	22 SPRING	DRIVE PLACE	
		DRIVE PLACE Address	<del> </del>
	00010 ~	34170	
	UCALA, FL	2 34472. City/State and Zip Code	
	allaboutair	andheat Qyahoo o be used for future annual report notifi	. Com
	•		cation)
For further information of	oncerning this matter, please ca	ıll:	
JAMES 1	V. BRENNAN	at (352) 342 - Area Code Daytime	3588
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL ABOUT AIR AND HEAT/REFRIGERATION LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 1/24/200	8 and assigne	d
Florida document number <u>L 08000008382</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili			
Enter new principal offices address, if applicable:	22 SPRING DRIVE OCALA, FL 344	3 PLACE	<u>;                                    </u>
(Principal office address MUST BE A STREET ADDRESS)	OCALA, FL 344	72.	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22 SPRING DRIVE OCALA, FL 3447	PLACÉ 2	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	· · · · · · · · · · · · · · · ·	Da	he new
New Registered Office Address:			
· 	Enter Florida street address , Florida City	Tin Code:	
New Registered Agent's Signature, if changing Registered Agent:	City		J
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	amiliar with an if this documer	1d
If Chan	nging Registered Agent, Signature of New Re	gistered Agent	_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Type of Action** <u>Name</u> **Address** RADICA SAMARO 22 SPRING DRIVE PLACE Add OCALA, FL 34472 ☐ Remove ☐ Change □ Add ☐ Remove \_ Change ☐ Chafige □ Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

<del></del>		<del></del>	•					<del></del>
		· · · · · · · · · · · · · · · · · · ·						
			<u> </u>					
	•							
			, , , , , , , , , ,					
			<del> </del>		<del> </del>	· · · · · · · · · · · · · · · · · · ·		
		·						
	<del> </del>							
	·							의 <u>-</u>
		-	•					T A
+				*** **** ,,, ** ,, , , <u>,</u>			· · · · · · · · · · · · · · · · · · ·	St. 1
	· · · · · · · · · · · · · · · · · · ·		· · · ·		· · · · · · · · · · · · · · · · · · ·	<del>, </del>	<del>,</del>	9 PH
	·							
								٠.٠٠ 
						ì		
	<del></del>		· · · · · · · · · · · · · · · · · · ·	······				
					···•			
effectiv <u>e:</u> If th	ve date is listed, the he date inserted	than the date ne date must be sp in this block do on the Departn	ecific and car ses not meet	nnot be prior t the applica	to date of filing	or more than 9	0 days after filin	l) g.) Pursuant to 605.02 e will not be listed
		delayed effe		e, but no	t an effectiv	ve time, at	12:01 a.m	. on the earlier
ed	<u> Tanuar</u>	JAME	, _	2017	<u>7</u> .			-
	_	600						
	<del>-</del>	77 0	1120 OF 0	hor o- *4	aigod	***** CF -	har	

Page 3 of 3

Filing Fee: \$25.00